

Review of: "Demographic and Clinical Characteristics of Refugee Children Utilizing Healthcare Services of Türkiye (2021-2022): A Single-Centre Study"

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Potential competing interests: No potential competing interests to declare.

I want to thank the authors for their research on this important topic and for shedding light on healthcare utilization patterns among refugee children in Turkey.

Your study contributes to our understanding of the health needs of this vulnerable demographic and enhances our comprehension of their access to healthcare and the obstacles they face. Upon reviewing your article, I have noted several observations that may be worth further discussion and consideration.

- Not taking into account migrant health centers under the EU-funded SIHHAT project:

The study examined the sample from a single health center, assuming that the refugee population would have the same access patterns to other centers; however, since 2015, this may not be the case, as individuals under temporary protection and international protection applicants can also access primary healthcare through the Migrant Health Centers (MHCs) and Extended Migrant Health Centers (EMHCs). These were established in September 2015 in 29 provinces with high concentrations of refugees. EMHCs provide access to gynecologists, pediatricians, internal medicine specialists, and dentists. The scope of services of these centers, which covers pediatric care, is very similar to the kind of healthcare services addressed in this paper. There is a great possibility, therefore, that those who sought outpatient services addressed those centers directly, considering that the doctors there are Syrians and speak Arabic, alleviating the constraint of the language barrier, which could explain why the majority of those addressing the studied center were in the emergency department.

- Explaining discrepancies:

The paper also does not explain why there is much difference in the numbers of hospitalization rates between their study and numbers coming from similar studies conducted in Istanbul; the other studies seemed to be relatively close to findings in other countries.

- Consent in retrospective study:

In the methodology part, it was mentioned that consent was obtained, but I am wondering how it worked in a retrospective study and why it was necessary as part of the data collected for routine medical purposes.

- Limitations due to COVID-19 pandemic

The study has discussed COVID-19, but it seems like the impact of the curfew may not have been well considered as a study limitation, and maybe healthcare utilization patterns would have been different outside the period of the study.

While the study makes a good contribution to understanding the healthcare utilization patterns among refugee children in Turkey, the highlighted observations suggest potential areas for further investigation. Addressing these points could enhance the applicability of the study's findings.